

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		2				
2		1		1			52		2				
3		1		1			53		2				
4		1		1			54		2				
5		1		1			55	1					
6		1		1			56		1				
7		1		1			57		1				
8		1		1			58		1				
9		1		1			59		1				
10		1		1			60		1				
11		1		1			61		1				
12		1		1			62		1				
13		1		1			63	1		1			
14		1		1			64		1		1		
15		1		1			65		2				
16		1		1			66		2				
17		1		1			67			1			
18		1		1			68				2		
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46	1			1			96						
47	1	1		1			97						
48	1	1		1			98						
49	1	1		1			99						
50		2		1			100						
TOTAL IND.	57						TOTAL IND.		4				
TOTAL DEP.	126						TOTAL DEP.		42				
TOTAL CLAIMS	183						TOTAL CLAIMS		44				